

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN676HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER SAINT MARY'S HOSPICE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 429 ELM ST RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility from 7/6/10 through 7/8/10 in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>The agency had 741 unduplicated admissions in the past 12 months. Fifteen active records were reviewed. Two home visits were conducted, and 1 closed record was reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	L 000			
L 060	<p>449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE</p> <p>A program of hospice care must comply with the following requirements: 3. Bereavement services must be available to each member of a patient's family after the patient dies to provide appropriate counseling.</p> <p>This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to ensure appropriate bereavement services were available to each member of a patient's family after the patient's death. (Patient #16).</p>	L 060			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 060	Continued From page 1 Severity: 2 Scope: 1	L 060			
L 064	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply with the following requirements: 7. Home health aide and homemaker services must be available to each patient and provided at intervals which meet the needs of each patient. A registered nurse must: (a) Supervise the persons providing such services; and (b) Prepare written instructions for the persons providing such services which identify the duties they are to perform. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide a care plan to the certified nursing assistant (C.N.A.) prior to sending the C.N.A. to the home to provide services to the patient (Patient #8). Scope: 1 Severity: 2	L 064			
L 066	449.0186 REQUIREMENTS FOR PLAN OF CARE Section 21 1. The medical director of a program of hospice care shall cause a written plan of care to be established for each patient in the program. Any person who furnishes care for the patient shall adhere to the plan. This Regulation is not met as evidenced by: Based on record review and staff interview, the	L 066			

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L 066	Continued From page 2 agency failed to ensure that frequencies of Home Health Aid (HHA) and Volunteer services were provided according to the plan of care as established by the Medical director and the interdisciplinary team for 4 of 15 patients. (Patients #2, #8, #12 and #14) 1. Patient #2 missing volunteer contact, Patient #8 the HHA provided services without a plan of care, Patient #12 missing HHA visits and Patient #14 missing HHA visits. Severity: 2 Scope: 2	L 066			
L 070	449.0186 REQUIREMENTS FOR PLAN OF CARE 2. A plan of care must: (d) Be reviewed and updated at intervals that are specified in the plan by the person who established the plan. The review must be documented in writing. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that each patient plan of care was signed by all members of the interdisciplinary team who contributed to it's review and revision for 16 of 16 patients. Severity: 1 Scope: 3	L 070			

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